

Scholarship Application for the Early Childhood Mental Health Certificate Program



Certificate Program Scholarship Application and Agreement

Certificate Program Description

FIRST 5 Santa Clara County, Santa Clara County Health and Hospital System—Department of Mental Health and De Anza College have partnered to develop an academic certificate program in early childhood mental health. There are scholarships available for up to 20 students who meet the Certificate program's requirements.

The Early Childhood Mental Health Certificate Program at De Anza College will provide training in early childhood mental health through a scholarship/stipend program and develop an academic path to higher education in this area of study. The scholarship will be granted each academic quarter from Summer 2009 through Spring 2010 and will cover the cost of the required Certificate program costs: tuition, books, course materials, and parking fees.

Applicant Requirements

To be considered for the scholarship, applicants must meet the following requirements:

1. Be an early childhood teacher in the E3 /FIRST 5 Power of Preschool Program or Head Start program or
2. Be an employee (Department of Mental health agency or contractor working with young children and families, Family Partner, Home Visitors, Therapeutic Service Providers, and KidConnections staff) of an agency that is funded by FIRST 5 Santa Clara County and that either does not have an employee tuition reimbursement policy or a limited/restricted employee tuition reimbursement policy.
3. Attend a program orientation.
4. Be able to complete all coursework in a 15-month timeframe.
5. Be able to complete community college-level coursework.

Required Courses

Students in the Early Childhood Mental Health Certificate program are required to complete the following courses:

CD 10G: Child Development: The Early Years	CD 73: Early Childhood Mental Health Seminar
CD 58: Infant/Toddler Care and Development	CD 74: Early Childhood Mental Health Field Work
CD 72: Partnerships with Families	CD 75: Social Emotional Development

Application Steps

Step 1 Complete and submit the entire contents of the Scholarship Application to FIRST 5 Santa Clara County, either online (www.first5kids.org) or by mailing/faxing the application to FIRST 5 Santa Clara County, Attention: Shawn M. Weymouth, 4000 Moorpark Ave., Suite 200, San Jose, CA 95117. The fax number is (408) 296-5642.

Applications must be received by FIRST 5 no later than July 30, 2009 at 5:00 p.m. If you have missed this deadline, please call FIRST 5 for immediate assistance.

Step 2 FIRST 5 will notify you of the outcome of your application within two weeks of the date your application was received at FIRST 5 or sooner.

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Also, you are required to register with De Anza College, either in person at 21250 Stevens Creek Boulevard, Cupertino, CA or online at www.deanza.edu. To expedite the registration process, you are encouraged to register with De Anza College at the same time as you apply for your scholarship through FIRST 5 or sooner.

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Applicant Information

Please print or type:

Date: _____

Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____

E-mail Address: _____

Agency Name: _____

Department: _____

Role/Title:

- Family Partner
- Home Visitor
- KidConnections
- Therapeutic Services Provider
- Other (please list): _____

Language(s) other than English that you speak/read/write fluently: _____

Sex: Female _____ Male _____

Race/Ethnicity

Please indicate your race/ethnicity by marking with an "X" on the space to the left of the relevant category.

Alaska Native/American Indian

American Indian

Alaska Native

Asian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian _____

Black/African-American

Hispanic/Latino

White

Multiracial

Other ethnicity _____

Pacific Islander

Native Hawaiian

Samoan

Guamanian or Chamorro

Other Pacific Islander _____

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Mental Health Treatment and/or Mental Health Consultation Experience

1. Do you have experience providing mental health care for children under age 6? YES NO
 - If yes, how many years or months of experience do you have providing direct mental health treatment or consultation service for this population? ____years____months

2. Do you have experience providing mental health care for children ages 6-18? YES NO
 - If yes, how many years or months of experience do you have providing direct mental health treatment or consultation service for this population? ____years____months

3. Do you have experience providing mental health care for adults? YES NO
 - If yes, how many years or months of experience do you have providing direct mental health treatment or consultation service for this population? ____years____months

4. What is your highest educational level?
 - High School Diploma / GED
 - Associate's Degree
 - Bachelor's Degree
 - Master's Degree
 - Doctoral Degree
 - Other (please list): _____

5. Do you have a current license or certification to provide mental health services? YES NO
 - If yes, what type of license or certification do you have (LCSW, LMFT, etc.)? _____

6. Are you working towards licensure? YES NO
 - If yes, which license: _____

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Letter of Agreement Early Childhood Mental Health Certificate Program

Applicant

I have fully reviewed the Early Childhood Mental Health Certificate program offered at De Anza College. I understand that if I am selected to receive a scholarship, I will be required to complete all course work within the timeframe of the Certificate program and participate in any data collection and evaluation efforts.

I understand that I will forfeit this scholarship if:

1. I do not have at least a grade of C for each required course completed.
2. I drop out of the Certificate Program before completion.
3. I am no longer an employee of an agency funded by FIRST 5 Santa Clara County.

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Employer

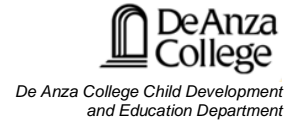
I verify that the applicant is an employee of _____ (agency name) and that our agency does not have an employee tuition reimbursement policy or have a limited/restricted employee tuition reimbursement policy. In addition, I agree that while this employee is participating in the Early Childhood Mental Health Certificate program at De Anza College, our agency will support the employee by providing any reasonable accommodations, including any necessary release time, pertinent to the completion of the above referenced Certificate program.

Executive Director's or Designee's Signature

Date

Executive Director's or Designee's Printed Name

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Scholarship Application Voucher

De Anza College, Santa Clara Valley Health and Hospital System—Department of Mental Health, and FIRST 5 Santa Clara County have partnered to develop the Early Childhood Mental Health Certificate program at De Anza College. The purpose of the Certificate program is to develop an academic path to higher education and training in the field of early childhood mental health.

This voucher needs to be submitted to FIRST 5 Santa Clara County (Attention: Shawn M. Weymouth, 4000 Moorpark, Suite 200, San Jose, CA 95117, fax (408) 296-5642) *by the last day of each academic quarter* as identified on De Anza College’s academic calendar. You are responsible to submit this voucher **one month prior to the start of each quarter** session to access the scholarship.

Please Complete:

Last Name	First Name	Student I.D.
Telephone	E-mail address	Date

I plan on requesting a scholarship for the following classes for _____ (Summer, Fall, Winter or Spring) 2009-10. *Mark the relevant box on the left with an “X”.*

Class Code and Title	
	CD 10G: Child Development: The early years
	CD 58: Infant/Toddler Care and Development
	CD 72: Partnerships with Families
	CD 73: Early Childhood Mental Health Seminar
	CD 74: Early Childhood Mental Health Field Work
	CD75: Social Emotional Development

Official Use Only

Application Accepted Application Denied and Reason: _____

Signature
Jolene Smith, Executive Director, FIRST 5 Santa Clara County

Date _____

Signature
Mayra Cruz, Coordinator, Child Development and Education Department, De Anza College

Date _____